

## Symposium Statement of Purpose:

**THE COMMUNITY AND RESIDENTIAL SERVICES AUTHORITY (CRSA) WILL HOST A SYMPOSIUM TO ELICIT THE SCOPE AND NATURE OF THE LACK OF PSYCHIATRIC AND RESIDENTIAL TREATMENT FOR ILLINOIS'S YOUTH WITH SEVERE AND INTENSIVE BEHAVIORAL HEALTH CONDITIONS AND TO PROPOSE SOLUTIONS TO THIS STATE-WIDE PROBLEM.**

Illinois' youth with complex behavioral health conditions need timely and appropriate access to vital intensive psychiatric hospitalization and or therapeutic residential treatment delivered by credentialed well trained psychiatric professionals.

Youth with highly acute mental health needs requiring therapeutic residential treatment often have limited or no access to psychiatric residential treatment due to behaviors that do not respond to established therapeutic milieus. These youth are typically referred to as "Treatment Resistant". If admitted to treatment, they often have multiple premature and unsuccessful residential treatment discharges. The public systems which fund residential placements for youth are often limited to proprietary lists within their respective agencies. This limits access to other treatment options if a youth is not eligible for admission to one of the preferred provider facilities. In addition to this issue, if these youths have criminal histories, placing them residentially becomes even more problematic.

While waiting for an appropriate available residential placement, youth who are treatment resistant may require emergency admissions to hospitals for behavioral incidents related to their mental health conditions. Some youth with severe behavioral conditions, have actually been denied admission to private psychiatric hospitals due to the risk they pose to themselves, the hospital and or the hospital staff. As a result, these mentally fragile youths at times are simply "not treated" and can escalate to harming themselves and or their families. When a youth with severe behavioral disabilities is admitted to a private psychiatric hospital, they may exceed the hospitals planned length of stay due to their threats of harm to themselves or others once released. The lack of available, appropriate and timely residential treatment for youth who are hospitalized "beyond medical necessity" affects the youth's ability to heal in a less restrictive milieu, increases the cost of care and the potential for custody relinquishment. Often continuity of care planning cannot be established and the youth may not be able to return home due to safety risks to themselves, their families and their communities.

## Goal of Symposium:

Youth with complex behavioral health conditions will receive timely and appropriate access to necessary intensive psychiatric hospitalization and or therapeutic residential treatment delivered by credentialed well trained psychiatric professionals.

## Objective:

Relevant public entities will have the resources, methods and means to timely and appropriately place youth who are treatment resistant in facilities that match the youth's level of need.

## Three primary topics will be discussed:

- 1) **One State Funded Hospital (SOF):** Create one state funded, no decline state operated hospital to professionally and ethically treat, evaluate and advocate for youth who are currently under served due to the severity of their mental and or behavioral health conditions. Hospitalization at a SOF could stabilize a youth to step down to less restrictive treatment settings or home with intensive supports arranged through community linkage agreements.
- 2) **Credentialed Direct Care Workers:** Urge Illinois to create a professional line staff, Mental Health Professional certification and incentives for obtaining the credentials necessary to work in a therapeutic milieu. Often direct line staff who spend the majority of time with the youth in treatment centers and private hospitals are making minimum wage and are minimally trained in ongoing evidenced based trauma informed behavior management interventions. Well trained line staff will increase a youth's successful completion of residential program goals.
- 3) **One Off Agreements or Single Case Agreements:** Advocate for "One Off" agreements which can supersede traditional contracts and allow for agencies to share residential resources rather than the mutually exclusive lists code departments maintain today. This will require the creation of an interagency agreement to support cooperation among agencies.